

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: BOYLE et al.

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Group Art Unit No.: 1647

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Examiner: DeBerry, Regina M.

For: Osteoprotegerin

Docket No.: A-378CIP2C3

INFORMATION DISCLOSURE STATEMENT

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

As a means of complying with the duty of disclosure under 37 CFR §§ 1.97 and 1.98, applicants submit a "List of References Cited by Applicant" on a PTO SB/08a form and provide a copy of the listed references other than published U.S. patent applications and issued U.S. patents for consideration by the Examiner.

Applicants make no determination of relevancy with respect to the references submitted herewith and request the Examiner to make an independent determination of relevance and/or materiality of the references.

Identification of the listed references is not to be construed as an Admission by Applicants or attorney for Applicants that such references are available or qualify as "prior art" against the subject application. Applicants reserve the right to remove any such reference which the Patent and Trademark Office may cite against the subject application.

This Information Disclosure Statement is being submitted in compliance with 37 C.F.R. § 1.97(b)(4), before the mailing of a first office action after the filing of a request for continued examination under § 1.114. No fee should be due with respect to the filing of this information disclosure statement.

Applicants request consideration of this information and passage of the application to issue.

FEE PAYMENT

No fee is due for submission of this information disclosure statement because it is filed along with a Request for Continued Examination in compliance with 37 C.F.R. § 1.97(b)(4).

CERTIFICATE OF ELECTRONIC TRANSMISSION

I hereby certify that this correspondence is being electronically transmitted to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

May 6, 2009

Date

Signature

The Commissioner is hereby authorized to charge any additional fee(s) which may be required or credit any overpayment to Deposit Account No. 01-0519.

Respectfully submitted,



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